

MEDICAL MALPRACTICE LIABILITY INSURANCE PREMIUM ASSISTANCE FUND APPLICATION FOR 2004

The New Jersey Medical Malpractice Liability Insurance Premium Assistance Fund (MMLIPA) is gathering this information to determine your eligibility for a state-sponsored subsidy toward your medical malpractice liability premiums. The Department of Banking and Insurance will verify the information provided on this form with your medical malpractice liability insurance company and with the New Jersey Division of Consumer Affairs. No other disclosures will occur. Please complete this entire form.

APPLICANT IDENTIFICATION:			
FIRST NAME	MIDDLE NAME / INITIAL	LAST NAME	SUFFIX
<div></div>	<div></div>	<div></div>	<div></div>
NJ PROFESSIONAL or BME LICENSE NUMBER	SOCIAL SECURITY NUMBER / TAX ID NUMBER		DATE OF BIRTH
<div></div>	<div></div>		<div></div>
APPLICANT MAILING ADDRESS: <i>If you are eligible to receive this subsidy and there is no designated payee such as a group practice, hospital or other employer, your subsidy check will be mailed to this address.</i>			
STREET ADDRESS / PO BOX NUMBER			
<div></div>			
CITY	STATE	ZIP CODE	COUNTY (If within New Jersey)
<div></div>	<div></div>	<div></div>	<div></div>
APPLICANT PRIMARY PRACTICE ADDRESS: <i>If this address is the same as the mailing address above, check this box →</i> <input type="checkbox"/> <i>and leave this section blank.</i>			
STREET ADDRESS / PO BOX NUMBER			
<div></div>			
CITY	STATE	ZIP CODE	COUNTY (If within New Jersey)
<div></div>	<div></div>	<div></div>	<div></div>
OTHER APPLICANT CONTACT INFORMATION:			
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)	
<div></div>		<div></div>	
APPLICANT MEDICAL QUALIFICATIONS: <i>Please refer to page 3 for a detailed explanation of the eligibility requirements for the qualified medical specialties listed below.</i>			
PROFESSIONAL LICENSURE		PRIMARY MEDICAL SPECIALTY	
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other		<input type="checkbox"/> Obstetrics / Gynecology <input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> - Mammography only	
DESIGNATED PAYEE (If other than the Applicant): <i>If the Applicant named above is the designated payee, leave this section blank. If you qualify for this subsidy, then the individual, group practice, hospital or other designated payee that you provide in this section will receive the subsidy payment. However, please be advised that if the subsidy payment is paid to a designated payee other than the applicant, and the applicant fails to fulfill his or her statutory 2-year practice requirement, then the applicant is required by statute to make full repayment to the Fund, unless a valid waiver of this requirement is claimed and approved by the Commissioner of Banking and Insurance.</i>			
DESIGNATED PAYEE NAME		DESIGNATED PAYEE TAX ID NUMBER	
<div></div>		<div></div>	
STREET ADDRESS / PO BOX NUMBER			
<div></div>			
CITY	STATE	ZIP CODE	
<div></div>	<div></div>	<div></div>	
DAYTIME TELEPHONE NUMBER		CONTACT PERSON	
<div></div>		<div></div>	

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APPLICATION FOR 2004

You must submit the required information below concerning any medical malpractice liability insurance policies that were active during any part of calendar years 2003 and 2004, within which you were named as the insured. **If you were named in more than one policy during this period, please make as many copies of this page as necessary to document all such policies.**

INSURANCE POLICIES: Please provide the information for EACH new or renewed medical malpractice liability insurance policy below. Refer to the list of Insurance Companies at the bottom of this page for the Insurance Company Code and Name.		
INSURANCE COMPANY CODE	INSURANCE COMPANY NAME	
POLICY HOLDER NAME AND TYPE:		
POLICY HOLDER TYPE		
<input type="checkbox"/> Same as Applicant <input type="checkbox"/> Group Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Other		
POLICY HOLDER NAME (If not same as Applicant)		
POLICY INFORMATION:		
POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRE DATE
TYPE OF POLICY	LIMITS OF LIABILITY	
<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Tail <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> \$1 Million / \$3 Million <input type="checkbox"/> \$4 Million / \$6 Million <input type="checkbox"/> \$2 Million / \$4 Million <input type="checkbox"/> \$5 Million / \$7 Million <input type="checkbox"/> \$3 Million / \$5 Million <input type="checkbox"/> \$6 Million / \$8 Million <input type="checkbox"/> Other (please specify) _____	
COMPANIES PROVIDING MEDICAL MALPRACTICE LIABILITY INSURANCE		
<u>CODE</u> <u>NAME</u> 22667 Ace American Insurance Co 24856 Admiral Insurance Co 11710 Allied Professionals Insurance Co 19489 Allied World Assurance Co US Inc 19720 American Alt Insurance Corp 10232 American Assoc of Orthodontists 21849 American Automobile Insurance Co 20427 American Casualty Co of Reading, PA 19380 American Home Assurance Co 21857 American Insurance Co 21199 Arch Specialty Insurance Co 21865 Associated Insurance Corp 38938 Atlantic Employers Insurance Co 22810 Chicago Insurance Co 18767 Church Mutual Insurance Co 20532 Clarendon National Insurance Co 31127 Columbia Casualty Co 13893 Community Blood Center Exchange 24872 Connecticut Insurance Co 20443 Continental Casualty Co 11535 Conventus Inter-Insurance Exchange 34495 Doctors Co an Inter-Insurance Exchange 39020 Essex Insurance Co 35378 Evanston Insurance Co 35181 Executive Risk Insurance Inc 44792 Executive Risk Specialty Insurance Co 11380 Fireman's Fund Insurance Corp	<u>CODE</u> <u>NAME</u> 21873 Fireman's Fund Insurance Co 11278 First Medical Insurance Co 34916 First Specialty Insurance Corp 10801 Fortress Insurance Co 10842 Franklin Casualty Insurance Co 24732 General Insurance Co of America 37362 General Star Insurance Co 23809 Granite State Insurance Co 22217 Gulf Insurance Co 34452 Homeland Insurance Co of NY 27960 Illinois Union Insurance Co 22829 Interstate Fire & Casualty Co 40991 Kemper Insurance Co 33138 Landmark American Insurance Co 19437 Lexington Insurance Co 22977 Lumbermen's Mutual Casualty Co 11498 MD Advantage Insurance Co of NJ 34231 Medical Liability Mutual Insurance Co 11843 Medical Protective Co 10933 MIIX Insurance Co 11547 Mountain Laurel RRG Inc 11991 National Casualty Co 20478 National Fire Insurance Co of Hartford 21881 National Surety Corp 19445 National Union Fire Insurance Co of Pittsburgh 23779 Nationwide Mutual Fire Insurance Co 17370 Nautilus Insurance Co 15865 NCMIC Insurance Co 11539 New Jersey Physician's United Reciprocal Exchange	<u>CODE</u> <u>NAME</u> 44121 OMS National Insurance Co 21970 OneBeacon Insurance Co 44105 Ophthalmic Mutual Insurance Co 37338 Pacific Insurance Co 35114 Pennsylvania Med Soc Liability Insurance Co 13714 Pharmacists Mutual Insurance Co 18619 Platte River Insurance Co. 14460 Podiatry Insurance Co of America A Mutual Co 44083 Preferred Physicians Medical 36234 Preferred Professional Insurance Co 42226 Princeton Insurance Company 34487 Professional Underwriters Liability Insurance Co 38954 ProNational Insurance Co 10638 ProSelect Insurance Co 41807 Royal Surplus Lines Insurance Co 24767 St Paul Fire & Marine Insurance Co 41750 St Paul Medical Liability Insurance Co 26387 Steadfast Insurance Co 11669 Superior Insurance Co 25534 TIG Insurance Co 25518 TIG Premier Insurance Co 25445 TIG Specialty Insurance Corp 25674 Travelers Property Casualty of America 25895 United States Liability Insurance Co 13196 Western World Insurance Co 34207 Westport Insurance Corp 16535 Zurich American Insurance Co

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Please complete, sign and date this affidavit as an indication of your intent to fully comply with the requirements of the Medical Malpractice Liability Insurance Premium Assistance Fund.

AFFIDAVIT

I hereby certify that all of the information supplied in this application is accurate to the best of my knowledge, and that I will comply with the requirement to practice in New Jersey at or above my present part-time or full-time practice level in the primary medical specialty indicated in this application for a period of at least two years, if a premium subsidy is paid to either myself or to my designated payee. I hereby authorize the Medical Malpractice Liability Insurance Premium Assistance Fund to secure all information it deems necessary to determine my eligibility for this subsidy as stated above.

☐ I Agree

SIGNATURE of the APPLICANT

DATE

MEDICAL SPECIALTY QUALIFICATION INFORMATION FOR 2004

As per Department of Banking and Insurance Order #A05-122, dated June 29, 2005, only the practitioners and healthcare providers whose primary practice area is in one of the medical specialties and subspecialties listed below qualify for this subsidy in 2004. For full details on this order, please check the New Jersey Department of Banking and Insurance website at <http://www.state.nj.us/dobi/lrorders.htm>

- **Obstetrics / Gynecology**

Special Qualification Requirements: Practices otherwise limited to gynecology alone are **excluded**.

- **Neurosurgery**

Special Qualification Requirements: None.

- **Diagnostic Radiology, Mammography Only**

Special Qualification Requirements: Limited to radiologists who read mammograms. The radiologist must be a New Jersey Board Certified or Board eligible radiologist and be certified as meeting the requirements under the Federal Mammography Quality Standards Act and regulations. Mammographers **MUST** submit with their application a copy of any documentation or evidence confirming that they are certified under the Federal Act.

IMPORTANT!

MMLIPA Staff can only process your application if both of the following conditions occur:

1. The Medical License Number provided matches a valid BME Number in our database, and
2. The Division of Consumer Affairs has a record of payment of the \$75 annual assessment by the date of Order #A05-122.

THIS COMPLETED APPLICATION MUST BE FAXED TO **609-777-0508**, OR MAILED TO:

**MMLIPA Fund
New Jersey Department of Banking and Insurance
P. O. Box 325
Trenton, New Jersey 08625-0325**

... NO LATER THAN AUGUST 5, 2005 IN ORDER TO BE CONSIDERED A TIMELY APPLICATION. (TIMELY MAILED APPLICATIONS MUST BE POSTMARKED BY AUGUST 5, 2005.) PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.

If you have additional questions concerning the instructions for completion of the application or this subsidy program, please contact us by phone at 609-292-3100, or e-mail us at MMLIPA@dobi.state.nj.us

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PLEASE READ THESE VERY IMPORTANT INSTRUCTIONS!

In order to complete this application for a subsidy from the Medical Malpractice Liability Insurance Premium Assistance Fund, you will need some specific information which may not be readily available. Only applications containing all of the required information will be processed. This application cannot be updated once it is filed. We recommend that you collect this information to have it available before you begin the application.

To complete this application, you will need the following required information:

1. Your complete 12-digit BME License Number that begins with either 25MA or 25MB and is followed by 8 digits. Do not include any dashes, spaces or slashes.
2. Your Social Security Number or Tax ID Number.
3. Detailed Medical Malpractice Liability Insurance Premium policy information for all insurance policies issued or renewed in 2003 and 2004:
 - Insurance company name
 - Policyholder's name and address (for the Applicant, Group Practice, Hospital or other party responsible for premium payment)
 - Complete Policy Number
 - Policy Dates (inception and expiration dates, i.e. 01/01/2003 to 01/01/2004)
 - Type of Policy (Claims Made, Occurrence, Tail, etc.)
 - Limits of Liability

If you were insured by more than one insurance carrier in either 2003 or 2004, provide each additional insurance carrier's information on additional copies of page 2 of this application. If you were not the named policyholder on a specific policy, please obtain the above information from the named policyholder (i.e. your employer, group practice, hospital, etc.), before proceeding with the application process.

4. You must also complete a W-9 Questionnaire Form at the time that you file your application with us. If you are not the named policyholder and another party or entity is paying the premium, you have the option of having the subsidy payment sent directly to a Designated Payee other than yourself. You will need to provide the Designated Payee's name, address, contact person, telephone number and Tax ID Number. Designated Payees may include Group Practices, Hospitals or other such employers. If you do choose this option, it is very important to notify the Designated Payee that they need to complete a W-9 Questionnaire Form and fax it to 609-777-0508, along with a cover sheet containing your name and complete BME License Number for proper identification. Even if the Department of Banking and Insurance determines that you are eligible for this subsidy, the State Treasurer will not issue payment to you or your Designated Payee if there is no W-9 Form on file with their office.
5. If this application cannot be processed because of a problem with either your BME license number or annual assessment payment, you will be notified to contact the Division of Consumer Affairs at:

DIVISION OF CONSUMER AFFAIRS
124 HALSEY STREET
NEWARK, NEW JERSEY 07102

E-MAIL ADDRESS: mmlipa@dca.lps.state.nj.us
WEBSITE: www.njconsumeraffairs.org

WITHIN NEW JERSEY CALL: 1-888-656-6225 (PRESS OPTION #2)
OUTSIDE NEW JERSEY CALL: 1-973-424-8150 (PRESS OPTION #2)

There will be no extension of the application period due to problems with the BME number or assessment payment, so it is imperative that you contact the Division of Consumer Affairs IMMEDIATELY to resolve any issues. Licensees who have resolved issues with the Division of Consumer Affairs will be added to our database and given instructions for reapplying.